

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10678816 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		1				
26		2				
27		2				
28		1				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39	1					
40		2				
41		2				
42		2				
43		2				
44		2				
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS					
IND	DEP	IND	DEP	IND	DEP
51	1				
52	1				
53	1				
54	1				
55	1				
56	1				
57	1				
58	1				
59	1				
60	1				
61	1				
62	1				
63	1				
64	1				
65	1				
66	1				
67	2				
68	2				
69	2				
70	1				
71	1				
72	1				
73	1				
74	1				
75	1				
76	1				
77	1				
78	1				
79	1				
80	1				
81	1				
82	2				
83	1				
84	1				
85	2				
86	2				
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	7				
TOTAL DEP.	100				
TOTAL CLAIMS	107				